

## AFTE ASSOCIATE MEMBER APPLICANT RECOMMENDATION

Name of Applicant:

Date:

1. How long have you known the applicant?	_____ Years    _____ Months <input type="checkbox"/> Don't know applicant personally
2. Do/Did you work with the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2A. If so, how long have / did you work with the applicant?	_____ Years    _____ Months
3. Have you personally reviewed the applicant's work product?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3A. If yes, approximately how many times?	_____
3B. When was the last time?	_____
4. Which of these duties does the applicant perform in the crime lab?	<input type="checkbox"/> Test firing <input type="checkbox"/> Individual characteristic database entries <input type="checkbox"/> Individual characteristic database correlations <input type="checkbox"/> Serial number restoration <input type="checkbox"/> Issuing reports <input type="checkbox"/> Testifying in court <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Don't know
5. Do you feel this applicant is of good moral and ethical character?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you recommend this applicant for Associate Membership in AFTE without reservation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional comments:	

**REQUIRED INFORMATION from person providing this recommendation**

Printed Name:

Signature:

Address:

Phone Number:

AFTE Member Number:

Your AFTE Status

Provisional

Regular

Technical Advisor

Distinguished

Emeritus

Non-member